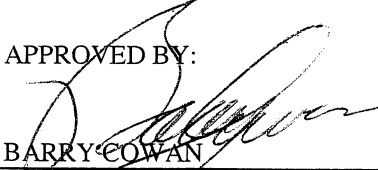


☒ R/W MANUAL CHANGE  
(1993 Edition)

**RWMC- 152**

☐ PROCEDURAL HANDBOOK  
(1984 Edition)

RWPH-\_\_\_\_-\_\_\_\_-\_\_\_\_  
TRANSMITTAL#\_\_\_\_

TITLE: PROPERTY MANAGEMENT	APPROVED BY:  BARRY COWAN	DATE ISSUED: <b>OCT 25 2005</b>
SUBJECT AREA: CHAPTER 11 - PROPERTY MANAGEMENT	ISSUING UNIT: OFFICE OF REAL PROPERTY SERVICES	Page 1 of 2
SUMMARY OF CHANGES: Revises Forms RW 11-5, RW 11-11, RW 11-15, RW 11-16, and RW 11-28; adds new Form RW 11-32; and updates the Table of Contents for forms.		

### **PURPOSE**

To update Forms with current policies and procedures, with the purpose of conforming to new laws and regulations pertaining to tenants and rented property. To make changes, modifications, and additions, which will allow for more consistency within Property Management.

### **BACKGROUND**

There are new laws and regulations which changed the requirements for rental property. This Manual Change will allow the Department to be in compliance with the new requirements. Also, new Exhibits were transmitted in RWMC-150 which provided the agents with better tools in which to perform their duties.

### **PROCEDURES**

#### **Forms**

- |          |   |
|----------|---|
| RW 11-5  | <u>Residential Rental Application</u> : Revised erroneous information in the heading. Inserted Department of Fair Employment and Housing. |
| RW 11-11 | <u>3-Day Notice to Pay Rent or Quit</u> : Revised to comply with new statute requirements.  |
| RW 11-15 | <u>Residential Property Inspection</u> : Revised to include inspection information in regard to pet(s) and mildew.                        |
| RW 11-16 | <u>Non-Residential Property Inspection</u> : Revised to include inspection information in regard to mildew.                               |
| RW 11-28 | <u>Plan Approval Request</u> : Changed the address of the Office of the State Fire Marshal.   |
| RW 11-32 | <u>Plan Review Application</u> : A new form to be used in conjunction with State as Lessee process.                                       |

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**EFFECTIVE DATE**

Immediately.

**MANUAL IMPACT**

- Remove the superseded pages and insert the attached pages in the Manual.
- Record the action on the Revision Record.

**REVISION SUMMARY**

<b><u>Chapter</u></b>	<b><u>Remove Old Page(s)</u></b>	<b><u>Insert New/Revised Page(s)</u></b>
	Remove the following in its entirety:	Replace with the following in its entirety:
11 - Forms	Table of Contents (REV 7/2005) RW 11-5 (REV 12/2001) RW 11-11 (2/96) RW 11-15 (REV 12/2001) RW 11-16 (Rev. 5/2000) RW 11-28 (NEW 4/2002) -----	Table of Contents (REV 9/2005) RW 11-5 (REV 9/2005) RW 11-11 (REV 9/2005) RW 11-15 (REV 9/2005) RW 11-16 (REV 9/2005) RW 11-28 (REV 9/2005) RW 11-32 (NEW 9/2005)

## CHAPTER 11

### Property Management Table of Contents

#### FORMS

<b><u>Form No.</u></b>	<b><u>Title</u></b>
RW 11-1	Hold for Future Use
RW 11-2	Hold for Future Use
RW 11-3	Hold for Future Use
RW 11-4	Hold for Future Use
RW 11-5	Residential Rental Application
RW 11-6	Non-Residential Rental Application
RW 11-7	Property Management Rental Account Diary
RW 11-8	Residential Property Occupancy and Vacancy Inspections
RW 11-9	Hold for Future Use
RW 11-10	Hold for Future Use
RW 11-11	3-Day Notice to Pay Rent or Quit
RW 11-12	3-Day Notice to Correct Breach of Covenant or Quit (Curable Breach)
RW 11-13	3-Day Notice to Quit for Breach of Covenant (Incurable Breach)
RW 11-14	Hold for Future Use
RW 11-15	Residential Property Inspection
RW 11-16	Non-Residential Property Inspection
RW 11-17	Hold for Future Use
RW 11-18	Certificate of Insurance With Endorsement for Lease of State-Owned Property
RW 11-19	Hold for Future Use
RW 11-20	Hold for Future Use
RW 11-21	Hold for Future Use
RW 11-22	Hold for Future Use
RW 11-23	Contractor's Time Reporting Sheet
RW 11-24	Income Certification
RW 11-25	Authorization to Write Off or Adjust Accounts Receivable Bill
RW 11-26	Hold for Future Use
RW 11-27	State Fire Marshal Checklist
RW 11-28	Plan Approval Request
RW 11-29	Seismic Screening Checklist
RW 11-30	Certification of Structural Evaluation
RW 11-31	Structural Evaluation Request
RW 11-32	Plan Review Application

**RESIDENTIAL RENTAL APPLICATION**

RW 11-5 (REV 9/2005)

**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

**THE LAW PROHIBITS DISCRIMINATION IN HOUSING** - DISCRIMINATION BASED ON RACE, COLOR, RELIGION, SEX, MARITAL STATUS, NATIONAL ORIGIN OR ANCESTRY IN THE SALE, RENTAL, OR LEASING OF HOUSING, ACCOMMODATIONS IS PROHIBITED BY THE CALIFORNIA FAIR HOUSING ACT, HEALTH AND SAFETY CODE, SECTION 35700 AND TITLE VI OF THE 1964 CIVIL RIGHTS ACT (42 U.S.C. 2000d, et seq.). If you believe that you have experienced discrimination in the rental of State housing, please contact the Department of Fair Employment and Housing.

**COMPLETE ALL ITEMS - PLEASE PRINT**

Proposed Occupants	Birthdate	Proposed Occupants	Birthdate
(1)		(3)	
(2)		(4)	

**PROPOSED OCCUPANT (1)**

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Address-Number and Street, City, Zip	Landlord Name	Phone	From	To
Present:				
Previous:				
Next Previous:				

	PRESENT EMPLOYMENT	PRIOR EMPLOYMENT
Employer:		
Business Address:		
Business Phone:		
Name/Title of Supervisor:		
How Long?		

Current Salary: Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Or Annual \$ \_\_\_\_\_

NAME OF _____	ADDRESS: _____	Chk. Acct. No.: _____
		Savgs Acct. No.: _____
NAME OF _____	ADDRESS: _____	Chk. Acct. No.: _____
		Savgs Acct. No.: _____

**FINANCIAL OBLIGATIONS**

Payments To:		Address:			Amount:
Vehicle:	Make:	Model:	Year:	License No.:	State:

Will you have any waterbeds? \_\_\_\_\_

Why are you vacating your present place of residence? \_\_\_\_\_

# RESIDENTIAL RENTAL APPLICATION (Cont'd)

Page 2 of 4

RW 11-5 (REV 9/2005)

## PROPOSED OCCUPANT (1) - Continued

Father's Name:		Mother's Name:		
In Case of Emergency, Notify:	Address: Number / Street/ City/, State /, Zip Code	Phone		Relationship
(1)				
Personal Reference:	Address: Number / Street/ City/, State/, Zip Code	Phone	Occupation	Length of Acquaintan
(1)				
(2)				

## PROPOSED OCCUPANT (2)

Name:		Social Security:			
Home Phone:		Driver's License No.:			
Address-Number and Street, City, Zip		Landlord Name	Phone	From	To
Present:					
Previous:					
Next Previous:					
	PRESENT EMPLOYMENT		PRIOR EMPLOYMENT		
Employer:					
Business Address:					
Business Phone:					
Name/Title of Supervisor:					
How Long?					
Current Salary: Weekly \$	Monthly \$	Or Annual \$			
NAME OF	ADDRESS:	Chk. Acct. No.: _____			
BANK:		Savgs Acct. No. _____			
NAME OF	ADDRESS:	Chk. Acct. No.: _____			
BANK:		Savgs Acct. No. _____			

## FINANCIAL OBLIGATIONS

Payments To:		Address:		Amount:	
Vehicle:	Make:	Model	Year:	License No.	State

Will you have any waterbeds? \_\_\_\_\_

Why are you vacating your present place of residence? \_\_\_\_\_

# RESIDENTIAL RENTAL APPLICATION (Cont'd)

Page 3 of 4

RW 11-5 (REV 9/2005)

## PROPOSED OCCUPANT (2) - Continued

Father's Name:		Mother's Name:		
In Case of Emergency, Notify	Address: Number / Street / City /, State /, Zip Code	Phone	Relationship	
(1)				
Personal Reference:	Address: Number / Street / City /, State /, Zip Code	Phone	Occupation	Length of Acquaintanc
(1)				
(2)				

Applicant represents that statements above are true and correct and hereby authorizes verification of references including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Applicant acknowledges receipt of notification of the relevant provisions of the Federal Privacy Act of 1974.

The undersigned makes application to rent State of California, Department of Transportation property and, upon approval of this application, agrees to sign a rental or lease agreement and to pay all sums due before occupancy.

RENTAL RATES YOU ARE INTERESTED IN \$ \_\_\_\_\_ to \$ \_\_\_\_\_

NUMBER OF BEDROOMS REQUIRED: \_\_\_\_\_

AREA IN WHICH YOU WISH TO BE LOCATED: COUNTY \_\_\_\_\_ CITY \_\_\_\_\_

ADDRESS(ES) OF STATE-OWNED PROPERTY(IES) YOU ARE INTERESTED IN:

\_\_\_\_\_  
\_\_\_\_\_

### TYPE OF PROPERTY:

☐ Single Family Residence

☐ Industrial

☐ Commercial

☐ Apartment

☐ Agricultural

☐ Other: \_\_\_\_\_

Signature

Date

Signature

Date

### INFORMATION COLLECTION AND ACCESS

The Information Practices Act of 1977 (Civil Code Section 1798 et seq.) requires the following information to be provided when collecting information from individuals.

AGENCY NAME:

Name, Title, Address, and Telephone Number of Official Responsible for Information Maintenance

Authority for the maintenance of information:

Streets and Highways Code Section 104.6

Caltrans Right of Way Manual, Section \_\_\_\_\_

State Administrative Manual, Sections 8072.3, 8790.7 and 10510 and Government Code Section 12419.5

The disclosure of all items of information requested is mandatory in that this Rental Application will not be processed if any portion of the requested information is not provided.

The information provided in this form will be used by the Department of Transportation to determine the suitability of the applicant to rent.

All applicants have the right of review files containing personal information that are kept on them by the Department of Transportation. Upon request and proper identification, applicants may inspect all personal information contained in any record maintained on them during the regular business hours of the Department.

**NOTICE TO APPLICANTS DESIRING TO RENT DEPARTMENT OF TRANSPORTATION PROPERTIES**

ONLY STATE EMPLOYEES ARE AUTHORIZED TO REPRESENT THE DEPARTMENT OF TRANSPORTATION. COMMISSIONS OR FEES ARE NOT CHARGED. REAL ESTATE BROKERS, SALESMEN, OR NON-STATE EMPLOYEES ARE NOT AUTHORIZED TO REPRESENT THE DEPARTMENT OF TRANSPORTATION IN THE RENTAL OF STATE-OWNED PROPERTIES.

Your attention is directed to the following conditions with which each tenant will be expected to comply:

1. All rents pertaining to State-owned properties are due and payable on the first day of the month and, in any event, must be received by the Department of Transportation Accounting Office no later than the tenth day of each month. Failure to comply with this requirement will make it mandatory that the tenant be requested to vacate.
2. Any property rented after the first day of the month will necessitate an advance rental payment prorated on a 30-day month. A deposit equivalent to one month's rent may be required.  
NOTE: A deposit is a sum of money that is to be held by the Department of Transportation during the occupancy of the tenant and should not at any time be construed as advance rent. Said deposit is recoverable when tenant vacates the property provided that:
  - a) Tenant notifies the State of their intention to vacate the property. Said notice shall be in writing and contain tenant's forwarding address.
  - b) The property is left in a good and livable condition, wear and tear due to normal use and occupancy excepted.
  - c) There is no unpaid rent due the State for the use of the property.The State will refund any monies owed to tenant according to California Civil Code Section 1950.05.
3. The initial payment at the time of renting the property shall include the deposit, if required, and any pro-rated rents due for the balance of the rental period.
4. If the property being rented is a single family residence, the tenant will be required to maintain the yard area, particularly the lawn, in a manner consistent with neighborhood standards or tenant will be asked to vacate said property.

**Section 7(a)(1) and (b) of the Federal Privacy Act of 1974 (Pub.L. 93.5.79) provides:**

"It shall be unlawful for any Federal, State or Local Government Agency to deny to any individual any right, benefit, or privilege provided by law because of such individual's refusal to disclose his/her social security account number."

"Any Federal, State, or Local Government Agency which requests an individual to disclose his/her social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it."

The Department of Transportation's authority for requesting disclosure is Streets and Highways Code Section 104.6, which reads:

"The Department is authorized to lease any lands which are held for State Highway purposes and are not presently needed therefore on such terms and conditions as the Director may fix and to maintain and care for such property in order to secure rent therefrom."

The Social Security Number will be used to (1) trace delinquent tenants who have vacated without leaving a forwarding address, and (2) enable the State Controller to collect delinquent rent by the offset procedure required by State Administrative Manual Sections 8072.3, 8790.7 and 10510, as authorized by Government Code Section 12419.5.

The following guidelines for selecting a tenant will include but not be limited to the following:

- The intent and ability of applicant to pay rent.
- The willingness of applicant to maintain the property and improvements.
- The applicant's gross income should equal or exceed four times the rental rate.
- The obtaining of a successful credit report on applicant(s).
- The ability to verify the information contained in this rental application.

**NOTICE:** This property may be demolished by the Department for highway purposes. The Department will provide you with a sixty-day (60-day) notice prior to demolition.

**3-DAY NOTICE TO PAY RENT OR QUIT**

Page 1 of 1

RW 11-11 (REV 9/2005)

TO: \_\_\_\_\_  
\_\_\_\_\_

and all other persons in possession of the premises described as:

ADDRESS: \_\_\_\_\_

(Street)

(Unit No.)

(City)

(State)

(Zip)

(County)

**PLEASE TAKE NOTICE** that the rent is now due and payable on the above described premises which you currently hold possession of.

YOUR RENTAL ACCOUNT is delinquent in the amount itemized as follows:

RENTAL PERIOD	_____
RENTAL PERIOD	_____
RENTAL PERIOD	_____

RENT DUE	_____
RENT DUE	_____
RENT DUE	_____
TOTAL RENT DUE	_____

**YOU ARE HEREBY REQUIRED**, within three (3) days after service of this notice upon you, to pay said rent or to remove from said premises and deliver up to the State of California, Department of Transportation (Department), the possession of the said premises within said three (3) days. If you fail to do so, the Department will institute legal proceedings against you to recover possession of the premises, and to seek judgment for the rent owed through the expiration date of this notice, with damages for each day of occupancy after that date plus costs and attorney's fees.

**YOU ARE FURTHER NOTIFIED** that by this notice the Department elects to and does hereby declare a forfeiture of said agreement if said rent is not paid in full within the said three (3) days.

**YOU MAY MAKE PAYMENT TO:**

Department of Transportation  
ATTN: Casier  
P.O. Box 168019  
Sacramento, CA 95816-3819  
Telephone Number: \_\_\_\_\_

Department of Transportation  
ATTN: Casier  
1820 Alhambra Boulevard, 2nd Floor  
Sacramento, CA 95816

**STATE OF CALIFORNIA  
DEPARTMENT OF TRANSPORTATION**

By: \_\_\_\_\_

Dated and Served \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By: \_\_\_\_\_

**ADA Notice**

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.



**RESIDENTIAL PROPERTY INSPECTION**

RW 11-15 (REV 9/2005)

**CONFIDENTIAL**

Page 1 of 2

*This document contains personal information and pursuant to Civil Code 1798.21 it shall be kept confidential in order to protect against unauthorized disclosure.*

TENANT/VACANT	ADDRESS	RENTAL ACCT. NO.
---------------	---------	------------------

TYPE OF PROPERTY    SFR \_\_\_\_\_    MULTI \_\_\_\_\_    MOBILE \_\_\_\_\_  
 NUMBER OF OCCUPANTS    ADULTS \_\_\_\_\_    CHILDREN \_\_\_\_\_    TOTAL \_\_\_\_\_  
 PETS:    NUMBER: \_\_\_\_\_    DOGS \_\_\_\_\_    CATS \_\_\_\_\_    OTHER \_\_\_\_\_

**INDICATE CONDITION AS:**    Satisfactory ☒    Unsatisfactory ☒

INTERIOR	L R	D R	K T	BATH	BEDROOMS	OTHER	EXTERIOR
FLOORS							<b>Building:</b> ___ Walls    ___ Windows    ___ Screens    ___ Vents ___ Porches    ___ Stairs    ___ Roof    ___ Trim ___ Gutters    ___ Electrical (Panel) Other _____ <b>Garage:</b> ___ Walls    ___ Windows    ___ Doors    ___ Roof Other _____ <b>Grounds:</b> ___ Lawn    ___ Shrubs    ___ Fence ___ Driveway    ___ Walks    ___ Gates ___ Litter/Garbage/Debris    ___ Pet Waste Other _____
WALLS							
CEILINGS							
PLUMBING							
ELECTRIC							
HEATING							
APPLIANCE							
FIXTURES							
OTHER							<b>PROBABLE CAUSE OF NOTED DEFICIENCIES:</b> ___ Normal wear and tear    ___ Tenant abuse or neglect ___ Deferred maintenance    ___ Other _____ ___ Pet(s) (Explain in Comments section)
CARPETS							
<b>SMOKE ALARMS:</b> <input type="checkbox"/> None    Operable? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>BATTERY CHANGED:</b> <input type="checkbox"/> YES <input type="checkbox"/> No    Date: _____							<b>Indication:</b> Rodent(s) ___    Pest(s) ___    Mildew Control Needed? ___ Yes    ___ No <b>Tenant concurs:</b> Yes ___    No ___    (See Comments) ___ Other _____
Noticed storm water concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO  Contacted Storm Water Coordinator:    Date: _____ (See instructions on reverse)							

COMMENTS: (Describe unsatisfactory conditions or work needed)

SIGNATURE OF AGENT MAKING INSPECTION

DATE OF INSPECTION

NAME OF TENANT ACCOMPANYING AGENT

**SUPERVISOR'S REVIEW:**

FORM REVIEWED BY

DATE

DISPOSITION

# RESIDENTIAL PROPERTY INSPECTION

RW 11-15 (REV 9/2005)

Page 2 of 2

## Instructions

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### RESIDENTIAL PROPERTY INSPECTION

Storm water concerns may include but are not limited to the following:

- Visual pollutants or unidentified liquids draining from State property. (As good citizens, we should report any pollutants or unidentified liquids flowing into drain inlets if observed.)
- An excessive amount of erosion on State property

**NON-RESIDENTIAL PROPERTY INSPECTION**

RW 11-16 (REV 9/2005)

**CONFIDENTIAL**

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TENANT/VACANT	ADDRESS	RENTAL ACCT. NO.
---------------	---------	------------------

TYPE OF PROPERTY: Industrial ☐ Commercial ☐ Agricultural ☐ Vacant ☐ Other ☐

TYPE OF BUSINESS: \_\_\_\_\_

IS THE PROPERTY BEING UTILIZED ACCORDING TO THE LEASE? ☐ Yes ☐ No

INDICATE CONDITION AS: Satisfactory ☒ Unsatisfactory ☒

<b>INTERIOR OF BUILDINGS</b>			<b>EXTERIOR</b>			
<b>COMMENTS:</b>						
FLOORS			<input type="checkbox"/> Walls	<input type="checkbox"/> Windows	<input type="checkbox"/> Screens	<input type="checkbox"/> Vents
WALLS			<input type="checkbox"/> Stair	<input type="checkbox"/> Roof	<input type="checkbox"/> Trim	<input type="checkbox"/> Gutters
CEILINGS			<input type="checkbox"/> Lawn	<input type="checkbox"/> Shrub	<input type="checkbox"/> Fence	<input type="checkbox"/> Gates
PLUMBING			<input type="checkbox"/> Driveway	<input type="checkbox"/> Walkway		<input type="checkbox"/> Lighting
ELECTRIC			<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Litter/Garbage/Debris		<input type="checkbox"/> Weed
HEATING			<input type="checkbox"/> Storage Areas (inside and outside)			<input type="checkbox"/> Abatement
APPLIANCE			Other _____			
FIXTURES						
OTHER						
<b>SMOKE ALARMS:</b> <input type="checkbox"/> Non Operable? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Normal wear and tear <input type="checkbox"/> Tenant abuse or neglect <input type="checkbox"/> Deferred maintenance <input type="checkbox"/> Other _____			
Noticed storm water concerns? YES <input type="checkbox"/> NO <input type="checkbox"/>			Indication: Rodent(s) <input type="checkbox"/> Pest(s) <input type="checkbox"/> Mildew <input type="checkbox"/> Other <input type="checkbox"/>			
Contacted Storm Water Coordinator: DATE _____ (See instructions on reverse)			Control Needed? Yes <input type="checkbox"/> No <input type="checkbox"/> Tenant concurs? Yes <input type="checkbox"/> No <input type="checkbox"/> (See Comments.)			

COMMENTS: (Describe unsatisfactory conditions or work needed)

SIGNATURE OF AGENT MAKING INSPECTION

DATE OF INSPECTION

NAME OF TENANT ACCOMPANYING AGENT

**Supervisor's  
Review:**

FORM REVIEWED BY

DATE

DISPOSITION

**NON-RESIDENTIAL PROPERTY INSPECTION**

RW 11-16 (REV 9/2005)

**CONFIDENTIAL**

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**NON-RESIDENTIAL PROPERTY INSPECTION**

Storm water concerns may include but are not limited to the following:

- Visual pollutants or unidentified liquids draining from State property. (As good citizens, we should report any pollutants or unidentified liquids flowing into drain inlets if observed.)
- An excessive amount of erosion on State property.
- Hazardous materials or chemicals are stored on the property not in compliance with lease or any agreement.

**ADA Notice**

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

PLAN APPROVAL REQUEST

RW 11-28 (REV 9/2005)

To: **Office of the State Fire Marshal**  
Construction Services Program  
707 Third Street, 6th Floor  
West Sacramento, CA 95605

Date:

File #:

From: Department of Transportation

Subject: PLAN APPROVAL REPORT

Attached are two (2) copies of floor plans, with notes added to the plans for your review and approval.

Project Location:

Anticipated Construction Start Date:

Contact Person: <i>(Include name, address, telephone number)</i>	PHONE

APPROVED

STATE FIRE MARSHAL

DATE:

Comments:


PLAN REVIEW APPLICATION

RW 11-32 (NEW 9/2005)

CONFIDENTIAL

This document contains personal information and pursuant to Civil Code 1798.21 it shall be kept confidential in order to protect against unauthorized disclosure.

PLAN REVIEW APPLICATION

(Must be submitted with all plans, specifications and deferred approvals)  
Please Print or Type

AGENCY: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_

ESTIMATED CONTRACT COST: \_\_\_\_\_

BID DATE: \_\_\_\_\_ CONTRACT START DATE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

FIRM OR AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SFM USE ONLY

DATE RECEIVED: \_\_\_\_\_

SFM FILE #: \_\_\_\_\_

PCA#: \_\_\_\_\_